

THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

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SATURDAY, JUNE 27, 1885.

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## Original.

### A REPORT OF TWO SUCCESSFUL CASES OF OVARIOTOMY.

BY C. T. GRINSTEAD, M. D.

On September 22, 1880, Mrs. S. H. D., of Freedom, Barren County, Ky., consulted me with reference to an abdominal enlargement, which had for some time given her much uneasiness. I found the abdomen greatly distended, and after a careful examination, I was able to make a diagnosis of polycystic ovarian tumor. The lady was fifty-three years old, the mother of seven children, and, save an occasional attack of difficult and painful micturition, had until recent years every reason to believe herself to be a healthy woman. About three years ago she observed an enlargement of the abdomen, which had steadily increased till the date of my visit.

On October 9th, I tapped the tumor, removing six quarts of a straw-colored fluid; again, on December 9th, about the same quantity of fluid of a like nature was drawn off; and on March 4, 1881, the fluid having reaccumulated, I tapped again, obtaining six quarts of clear, straw-colored fluid, and about the same quantity of a fluid which, in color and consistency, resembled healthy pus. Relief from tapping being temporary only, ovariectomy was decided upon as the only measure which held out any hope of cure.

On May 4th, 12:30 o'clock, in the presence of Drs. J. S. Leech, E. T. Ellison, and R. H. Grinstead, of Glasgow, J. Morgan Taylor, of Bruce, and S. T. Botts, and M. E. Cooksey, of Caney Fork, each of whom rendered valuable assistance, I did the operation. The room, which could be comfortably warmed and well ventilated, was badly lighted. It had, as an antiseptic preliminary, been thoroughly cleansed and fumigated with burning sulphur. The patient being

placed upon a table and etherized, the incisions were made as per authority. On entering the abdomen a considerable quantity of thick, grayish fluid escaped. The tumor proved to be polycystic, and owing to the thick, viscid nature of the fluid, required considerable time for the evacuation of all its cysts sufficiently to admit of its removal through the incision, which was eight inches long. There were no adhesions. The pedicle, situated on the left side, was two inches long, very broad and thick. It was seized with the cautery clamp and severed with the hatchet-shaped cautery at a black heat, the proximal end of pedicle being at the same time held by long bladed forceps. On removing the clamp, and slightly loosening the pressure of the forceps, a blood-vessel, which was about the size of a turkey-quill, was seen to swell and pulsate in that portion of the pedicle which had been held by the clamp. On noting which the forceps was immediately tightened, the pedicle transfixed and the vessel secured by means of a hemp ligature. The ligatures were cut short and the stump left in the abdomen. The right ovary showed no sign of disease. The toilet of the peritoneum being carefully made, the abdominal incision was closed with deep and superficial silk sutures, adhesive strips, a carbolyzed dressing, and over all a flannel bandage. The patient was put to bed and surrounded with bottles of hot water. A Lister spray apparatus was, during the operation, kept constantly at work. So soon as the patient began to rally from the anesthetic, nausea was manifest. Vomiting seemed imminent, but was, I believe, prevented by the administration of a teaspoonful of the following mixture, which I always keep at hand when called to administer an anesthetic:

R Bismuth. sub. nit., . . . . . ʒjss;  
Vin. ipecac., . . . . . gtt. v;  
Acid. hydrocyanic., . . . . . gtt. xvi;  
Aquæ menth. pip., } . . . . . aaʒi. M.  
Syr. acaciæ., }

At 5 P. M. the patient had rallied. Her pulse was 84, and temperature 99.6° F. At this time, there being an intense desire to urinate, a catheter was introduced, and four ounces urine obtained. Pain in the region of the bladder, and great tenderness of the urethra, with an almost constant desire to urinate, were persistent symptoms in the case. They lasted from this time until the 6th of June. The urine had an acid reaction, containing at first considerable mucus only, but after a day or two pus in abundance. A Nelaton catheter was introduced at intervals varying from two to six hours, and the bladder washed out with warm flax-seed tea. At times warm water carbolyzed, or containing laudanum, was substituted for the demulcent. Slippery-elm bougies, made very smooth, and soaked in a solution of sulphate of zinc one grain, and ext. belladonna four grains, to distilled or boiled water one ounce, until they were well coated with mucilage, were introduced into the urethra, and allowed to remain for half an hour. They seemed to allay the pain and irritability. Opium suppositories per rectum were also efficient in relieving pain. Acetate of potash given internally counteracted the acidity of the urine.

On May 8th a pain in left iliac region was complained of, which recurred at times; but, being obscured by the greater pain in the bladder, attracted but little attention until May 22d, when half pint of pus, mixed with clotted blood, escaped from the patient's vagina. A Sims' speculum was immediately introduced, when it was discovered that an abscess had discharged through Douglas's cul-de-sac. The cavity was at once washed out with a five-per-cent carbolyzed solution, the procedure being repeated on the following day. The next day the point of purulent exit through the cul-de-sac had closed. I am of opinion that the abscess was the result of undue traction on the pedicle. The utmost care possible was used to prevent this. The tumor weighed, with contents, fifty-seven pounds, and twenty-five pounds after being thoroughly evacuated; the pedicle was very thick and short. The day of the operation was dark and cloudy, and, the room being badly lighted, manipulation of the pedicle was rendered difficult indeed. From the evening of the 4th until the cystitis began to subside (June 6th) the temperature of the patient ranged from 99° to 102.7° F., pulse 90 to 124, and respirations 20 to 33 per minute. The bowels

were moved by enema on May 10th, and were kept in a soluble condition until convalescence was established. On June 15th Mrs. D— was able to sit up in bed. Her recovery from this time was rapid, and she is now well. She passed my office a few days ago on her way to Warren County for the purpose of visiting a sick daughter. Throughout the entire after-treatment, I had the valuable assistance and able counsel of Drs. S. T. Botts, M. E. Cooksey, J. S. Leech, and R. H. Grinstead, to whom my most grateful acknowledgements are due.

CASE II. On April 16, 1883, I was called in consultation by my friend Dr. C. L. Caldwell, of Cave City, to see Mrs. C. B. R., of Rich Grove, Barren County, who gave and presented the following history and condition: The patient is thirty-nine years of age, and the mother of five children. The second child and the third are living. One was still-born and two lived but a short time. The patient suffered greatly from vomiting during her last pregnancy, which occurred three years ago; in fact the symptoms were so urgent that labor was induced by the attending physician to save her life. She discovered, in August, 1882, an abdominal tumor which continued to grow steadily until March 10, 1883, when she was tapped by her physician. She is greatly emaciated, and is suffering considerably with pain in the abdomen. She has no appetite, and is unable to digest food when taken. In view of these facts, it was thought best to tap again, and make an effort to rebuild her system before operating for the removal of the tumor. The tapping brought away eight pints of fluid, which had the color and consistency of healthy pus. The patient continued to suffer with pain and nausea. I saw her again, on April 22d, at 1 o'clock, P. M. Her temperature was 103.5° F., pulse 120, and weak. At 7 P. M., we gave one grain opium and ten grains of quinine by suppository, repeating the quinine at midnight. On April 23d, at 6 A. M., her temperature was 100°, and pulse 120. Six grains quinine were given. At 6 P. M., the temperature was 103°, pulse 130. Six grains of quinine were ordered to be given by suppository, and a quarter of a grain of morphia hypodermically. On April 24th at 6 A. M., temperature was 100.5°, pulse 115. At 8 A. M., six grains quinine, and one grain opium were given by suppository.

At 12 o'clock, on April 24th, I did the

ovariotomy, assisted by Drs. C. L. Caldwell and Ed. Garnett, of Cave City, and J. S. Leech and R. H. Grinstead, of Glasgow.

The patient occupied a room on the first floor of a pleasant country place, where the atmosphere is pure. A good light was had for the operation, and the room was well ventilated. The room was cleansed thoroughly, and fumigated with burning sulphur as in the other case. All instruments, sponges, and ligatures were carbolyzed. The Lister spray apparatus was dispensed with. Ether was the anesthetic used.

On exposing the tumor recent adhesions, which were easily separated with the hand, were found to exist over the whole anterior and right lateral abdominal walls. The pedicle, which was very short, thick, and broad, and situated on the left side, was transfixed with a double silk ligature, and tied in two sections. The tumor was polycystic, and weighed twenty pounds. It was cut away at a point situated one half an inch from the ligatures, which, being cut short, the stump was dropped into the abdomen. The right ovary was normal. The toilet of the peritoneum was carefully made, and the incision closed with silk sutures. Adhesive strips, absorbent cotton, and a flannel bandage being applied, the patient was put to bed and surrounded with bottles filled with hot water. The patient was quite sick from the ether, and would doubtless have vomited during and after the operation had it not been for the bismuth mixture, which was used as in the former case.

The patient reacted promptly, and at 3 P. M. was rational, with a pulse of 120, temperature 99.5°. At 6 P. M., her pulse was 120 and temperature 101° F. This was a better temperature than she had shown at this hour of the day for a week. After this time the temperature never rose above 100° F., and the only difficulty encountered during the after-treatment (save a slight sloughing at lower portion of the incision) was in nourishing the patient. Extreme irritability of the stomach necessitated the exhibition of food by the rectum for several days, which had the desired effect. She rapidly gained strength and was able to sit up in bed on the third day of May. The lower fifth of incision healed by granulation. Twelve months after the operation one of the ligatures applied to the pedicle was discharged at lower portion of incision. Mrs. R. is now well.

I am greatly indebted to Drs. Caldwell,

Garnett, Grinstead, and Leech for their kind assistance and judicious suggestions during the after-treatment of this case.

TEMPLE HILL, KY., May 18th, 1885.

### Miscellany.

SALT BATHS IN THE TREATMENT OF FEVER.—Rabinowitsch (*Wratsch*; *Dtsch. Med. Ztg.*) reports the results of treatment in the cases of sixteen patients, who received in all one hundred and forty-one baths. He says that not only did the addition of salt to the water cause a greater reduction of the temperature, but the pulse and respiration were improved and the patients felt much stronger than was the case after the use of fresh water.—*New York Med. Jour.*

HYDROPHOBIA.—A correspondent of the Philadelphia Medical News, in commenting upon his adventure during a recent visit to Pasteur's Laboratory, says:

Pasteur is still engaged in his studies relating to hydrophobia. His experimental inoculations are made upon the extended scale so desirable in researches of this nature, and which the liberal policy of the French Government enables him to follow. His arrangements for keeping animals for experimental purposes are admirable, and he showed me with pride the well-made iron cases for dogs, the patches for rabbits, and the yards for fowls, all kept in perfect order and well stocked with animals. Having succeeded in transmitting hydrophobia by inoculations upon the surface of the brain by trephining with virus from the nervous centers of an animal recently dead of the disease, and in obtaining an attenuated virus which produces a non-fatal form of the disease, by which the animal is protected from subsequent attacks, Pasteur's next object is to ascertain whether protective inoculation may be successfully practiced after an animal has been bitten by a rabid dog. His experiments lead him to believe that this is practicable, and the test is being made at the present time. The curious thing about these experiments relating to hydrophobia is, that while the nervous tissue has been proved to contain the virus, which by inoculation gives rise to the disease, the exact nature of this virus has not been determined. No microbe has yet been discovered in the virulent material by means of the microscope, and all attempts to ob-

tain cultures of the germ, which Pasteur assumes must be present in this material, have thus far failed. In reply to a question, Pasteur informed me that microscopically he had not been able to recognize any difference between healthy brain substance, for example, and that which, coming from an animal recently dead of hydrophobia, is capable of reproducing the disease.

A TRIBUTE TO DR. J. W. HOLLAND.—The Salmagundi Club of this city, composed of some of our most eminent literary men of the various professions, gave a farewell supper to Dr. J. W. Holland a few days ago. At the close of the banquet a prominent legal light offered the following sentiment which, we feel assured, will find echo in many hearts:

To-night we bid a friend adieu—  
He goes to meet the youth,  
To whom he'll show the narrow path  
Of allopathic truth.

Alas! the rage for fame that draws  
Our comrade thus afar,  
To leave his friends and club, and teach  
Materia medica.

For, not content with country life,  
He seeks the city's hum;  
Ambition's heat has set ablaze  
His pericardium.

Time was when he, with duller ones,  
Contented was to walk;  
Among the learned now will he  
A larger circle chalk.

To loftier heights his soul aspires,  
On pills and drugs intent;  
See glory throned upon his brow,  
A rubefacient.

E'en now he pants to scale the hill  
Where famous doctors bask,  
And roll up fortune like a pill—  
A sudorific task.

The page of Fame in dreams he reads,  
To which his name shall come,  
The very thought's emollient, like  
Olivæ oleum.

In day-dreams even now he sees  
His fellow pedagogues,  
With whom he'll soon, in converse high,  
Discuss sialogogues.

Absorbing themes engross his mind,  
Themes that are all too high,  
Except for one accustomed to  
Tinctura opii.

Eager to test botanic worth,  
And into nature pry,  
The fragrant herbs he'll macerate  
In spiritu frumenti.

The mint wherewith, in modest worth,  
Our mid-day goblet's crowned,  
'Neath his magician's hand will be  
A carminative found.

Mighty decoctions will he make,  
Tonics will he compose,  
Cathartic pills of new device,  
Each single pill a dose.

The tea of sassafras and sage  
Shall know a noble name;  
The dandelion and Jamestown weed  
No more be called the same.

No more shall he, on vulgar food  
Sustain his organism;  
He e'en eat beef with capsicum  
Mixed with a sinipasm.

For learning, in his hands shall make  
E'en common things seem fine;  
None of his classes will dare sneeze  
'Fore taking an errhine.

Prophetic muse! that future show  
When, in his chosen college,  
Our friend the highest limb shall climb  
Upon the tree of knowledge.

And, as his science says, each plant  
Its virtues quickest gives  
When steeped in generous wine, and yields  
The cure that in it lives,

So in the school which now he joins  
Will choicer learning grow  
When Holland's spirit draws from each  
The choicest each may know;

And great renown shall crown his name,  
Rewarding learned toil,  
His name become a household word,  
Like to St. Jacob's Oil.

Yet there 'll come moments when such fame,  
Great as its greatness be,  
Will tire the sage, and he will pine  
For comrades such as we;

For comrades who no liver know,  
Friends who have no catarrh,  
Whose spirits never sink too low,  
Nor soar away too far;

Friends who sound learning can admire,  
To friendly wit give play,  
Unite diversion with research,  
The serious with the gay.

At such times in his leisure hour,  
Some holiday or Sunday,  
Then will friend Holland call to mind  
His friends in Salmagundi.

REFLEX OPHTHALMITIS.—Mr. Jonathan Hutchinson, before the Ophthalmological Society of the United Kingdom (British Medical Journal), said that he had supposed that "reflex ophthalmitis" was an example of inflammation excited by reflex action. From a further consideration of the facts he had



come to the conclusion that the nerves were directly involved; he held that there was much probability that all forms of inflammation could so contaminate the blood as to lead to a condition of that fluid which could, owing to the existence of a selective affinity, set up similar changes in tissues of the same nature as those primarily affected. In multiple periostitis, which might follow an injury to a single bone, it appeared probable that the bones subsequently affected suffered as a secondary consequence of the changes set up in the bone injured. The most plausible explanation of such an occurrence was that some elements, whether tissue elements or bacteria was a matter of indifference, were shed into the blood; the operation of selective affinity led to the affection of the same bones on the other side. The application of these facts to diseases of the eye was obvious. The wandering elements, shed into the blood from the eye in a condition of inflammation secondary to some injury, found themselves under similar conditions in the other eye, and were then able to set up similar changes in analogous tissues. He had believed that this speculation was original, until Mr. Nettleship had pointed out to him that Berlin had published in Volkmann's Archiv, in 1880, a closely similar theory, only differing from the one now put forward in that Berlin assumed the existence, *ex necessitate*, of a bacterial poison.

**RECURRENT LARYNGITIS.**—Dr. E. F. Ingalls, of Chicago, read a paper on this subject before the Illinois State Medical Society (New York Medical Journal). He concluded that (1) this affection was usually dependent upon nasal obstruction. (2) The obstruction in the majority of cases was due to deflection and thickening of the septum, or hypertrophic catarrh. (3) To effect a permanent cure local remedies were unreliable and the obstructing tissues must be removed. (4) Operative procedures for the removal of these obstructions might be made painless by the use of hydrochlorate of cocaine. (5) This method of treatment properly carried out might be relied on to cure the catarrh and the laryngitis of which it was the cause. (6) Great improvement in the general health often immediately follows the removal of the nasal obstructions. (7) In acute colds or exacerbations of hypertrophic catarrh immediate relief might be obtained by insufflations, as often as needed, of small quantities of cocaine.

THE officers of the New Jersey State Medical Society, elected at their meeting held at Long Branch, June 6th, were as follows: President, Joseph Parrish, Burlington; First Vice-President, Charles J. Kipp, Newark; Second Vice-President, John Ward, Trenton; Third Vice-President, H. Grant Taylor, Camden; Corresponding Secretary, Wm. Elmer, jr., Trenton; Recording Secretary, Wm. Pierson, Orange; Treasurer, W. W. L. Phillips, Trenton; Standing Committee, T. J. Smith, E. J. Marsh, D. C. English.

CARL H. VON KLEIN states that in forty-eight hours he saw nine children who were affected with leucorrhoea which, in his opinion, was caused by roller-skating exercises. He regards this exercise as injurious to young girls and young women by reason of the excessive movements of the lower extremities, the pelvic organs, and the walls of the vagina.—*Boston Med. and Surg. Jour.*

THE Weekly Drug News says that an elegant method for the administration of castor-oil to children is after the French plan. Place the oil in a pan over the fire, break an egg into it and stir. When this is done flavor with salt, sugar, or currant jelly.

THE French Academy of Medicine has awarded a prize to Dr. Murrell, of the Westminster Hospital, London, for his discovery that nitroglycerine is a remedy for angina pectoris.

DR. B. F. BAER has been elected Professor of Diseases of Women and Children in the Philadelphia Polyclinic and College for Graduates in Medicine.

AT the first *conversazione* of the British Gynecological Society it was stated that more than three hundred have added their names to the list of members.

THE Pacific Medical and Surgical Journal and Western Lancet has been made the official organ of the Medical Society of the State of California.

THE latest application of cocaine is for sore nipples. A five-per-cent solution brushed over the nipple makes nursing possible and painless.

DR. M. H. HENRY, of New York City, has had conferred upon him the Royal Order of the Savior, by the King of Greece.

## The Louisville Medical News.

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### THE CHOLERA QUESTION.

It is no more than natural, after the terrible ravages of the disease in Southern Europe during the summer and autumn past, and in view of its anticipated return with the corresponding seasons of the present year, and the more than chance that it would then assume a greater virulency and sweep the continents of Europe and North America, that the cholera question should have been for many months the theme of abundant study and discussion; nor have recent reports from Spain and France suffered it to abate aught of its absorbing interest.

First came Koch's comma bacillus, and following this many clever experiments and voluminous controversies relative to the nature of the microbe and its specific relations to cholera. Criticism was sharp and the radicals took sides, but, as from similar tilts with the enemy over the bacillus tuberculosis, the great micro-biologist came forth not only unscathed but with strength increased.

This is a matter of the past; but recently the subject has been accorded all the respectful attention that could be claimed by

a powerful invader who seemed about to take up the aggressive line of march, and every medical body, international, national, State, and municipal in the threatened territory has given voice to its appreciation of the situation.

Our own National Sanitary Council convened in early spring; the Cholera Conference, in Berlin, had its last sitting on the 7th of May, and the International Sanitary Conference convened in Rome on the 20th ultimo for a month of hard work; but reports of its deliberations so far obtainable are shallow and meager.

In company with these eventful gatherings, or following close upon, are the inoculation excitement recently stirred up by Dr. Ferrán, in Spain; the able monograph of Dr. Van Ermengen, who was last year dispatched by the Belgian Government to investigate the cholera at Marseilles, and last but by no means least a number of valuable contributions from home and foreign physicians who in former epidemics have studied the natural history with the hygienic and therapeutic management of the disease. The harvest of good resulting from all this reaping and gleaning of what seems to be a fruitful field would be difficult to estimate. Much chaff is doubtless stacked, but some wheat will reward the thresher.

The sanitary councils have given the powers that be some wholesome suggestions which, if carried out, would do much to protect the coast lines of threatened lands; but commercial interests, false notions of economy, and the jealousies of rival powers, are already in the lists and may in the end defeat the measures proposed.

For instance, if any thing be proved it is that filthy rags from infected ports, whether baled and stowed away in the ship's hold or free and flaunting upon the backs of lousy immigrants, are common carriers of the infecting germ. Timely warning of danger here has been given our government officials by our home council, but nevertheless, if the newspapers are to be trusted, official inadequacy threatens to leave

us open to invasion through this sorry source of revenue, cheap paper and disease.

Again, the Suez Canal is justly regarded as the royal gateway through which the pest marches into Europe from Asia, and properly the question of placing under quarantine all vessels passing from the East to the Mediterranean by the Red Sea and the canal was made the subject of deliberation at one of the sittings of the International Sanitary Conference at Rome.

A proposal to have appointed, by some international commission, an officer who should have authority to inspect all vessels passing into the Mediterranean through the canal, and to decide if any craft were to be regarded as "suspect" or not, with power to detain it in quarantine or let it pass, was vigorously opposed by the British and Indian delegates. Sir Joseph Fayrer did not object to the inspection, but "refused to allow that any locally appointed medical officer should supersede a British medical officer in deciding whether any person on board an English ship was suspected of having some choleraic affection or not." Sir G. Hunter demanded that British ships should, under all circumstances, have free passage through the Suez canal, provided they did not touch the shore. Dr. Thorne opposed the proposal on the ground that it did not imply inspection simply, but the taking of the first step in quarantine, which England had opposed, and which had been proved useless. Other English delegates argued against the measure, which, nevertheless, was finally passed by a large majority. This, however, makes it by no means a law, and it is possible for England, if she does not prevent its materialization, to keep the measure from coming into force in time for any effective service in the present juncture.

Perhaps the most significant act of the conference is the "voting that quarantine measures by land are impracticable, and hence useless." This is doubtless true, but very discouraging to some of our State Health Boards, who are just now prepar-

ing to quarantine the many miles of State lines which are supposed to separate them from neighboring careless and uncleanly commonwealths.

The Cholera Conference at Berlin seems to have done little more than to develop some additional proof in favor of the theory that cholera has a definite and demonstrable pathogenic relationship to the comma-bacillus, and to throw up some "moist ground" upon which Professors Koch and Pettenkofer can stand.

Farrán's alleged discovery of an attenuated virus, which is capable of conferring immunity on inoculated subjects, has been taken in hand by the Spanish Government, who have ordered a halt until a Royal Commission\* shall have time to test the validity of the claims of this would-be second Jenner.

The work of Dr. Van Ermengen, as is apparent from an abstract in the *Lancet*, is confirmatory of the validity of Koch's experiments and the soundness of his deductions therefrom.

Of Farrán's inoculation scheme Dr. Van Ermengen says:

If these discoveries be proved to be true, then the pathogenic power of Koch's comma-bacillus will henceforth rest on demonstrations which will be beyond cavil, for it will have been proved upon man himself. As to the discovery of a preservative cholera vaccine, which, to some may seem too good to be true, may it one day be established with all needful experimental rigor, and shed eternal honor on the micro-biologist who was the first to foresee its probability.

This author gives wise counsel relative to inspection and other means of local protection in the time of cholera, and discusses in detail the subject of disinfection. Of fluid disinfectants he restricts the term to "such agents as destroy all choleraic microbes, under all circumstances, in a half hour." These are corrosive sublimate, carbolic acid, sulphate of copper, chlorinated lime, sulphate of iron, salicylic, boric, and thymic acids, *laudanum* [morphia (?)] (one per cent

\*See an abstract of the report recently made before the Madrid Academy of Medicine, published in this issue, page 411.

kills the bacilli), chloroform (one in thirty or forty), and alcohol (one to ten.) He confirms Koch's statement as to the destructive action of putrefaction upon the comma-bacilli, which shows that there is little warrant for the vain attempts at disinfecting latrines which are often made with a view of destroying the cholera poison. The importance of disinfecting excreta ("which may be done with a five-per-cent solution of carbolic acid") is insisted upon.

Among the contributions of distinguished practitioners may be mentioned the able articles by Austin Flint, sr. (New York Medical Journal, October 25, 1884), Frank H. Hamilton (*ibid*, Nov. 15, 1884), and two carefully prepared reports on cholera read before the Medical Society of the County of Kings, N. Y., on the 21st of last April, by Drs. J. E. Baker and William Henry Thayer, of Brooklyn.

Relative to these we have space but for two comments. Dr. Baker says:

Cholera is classed, along with smallpox, measles, etc., as an infectious disease, the latter running a definite course, and neither of them susceptible of being aborted. Not so, however, with cholera. *It is the general belief that, if predisposing causes be removed and appropriate and immediate medication be employed, perhaps a majority of cases will speedily recover.*

It is hardly worth the trouble to point out the author's failure to distinguish here between contagion and infection. Cholera is truly an infectious disease, and should be named with yellow fever and typhoid, which are typical of the class; but in no case can it be ranked with smallpox and measles, which are essentially contagious diseases.

The treatment advised, though not new, may be said to have acquired some light under the new etiology of the disease. This refers to taking all cholera patients in hand during the prodromic stage, which is said to be marked by diarrhea. Here Dr. Flint's well-known remark is quoted to the point:

The controlling remedy, *par excellence*, is opium. Let opium, conjoined with rest of the body and of the digestive organs, be judiciously employed be-

fore the characteristic choleraic dejections occur, and the further development of the disease is prevented with almost absolute certainty. Let this treatment be promptly resorted to as soon as choleraic dejections have taken place, and in a large proportion of cases the disease is arrested.

The points in the above quotation which, under recent research, are made to stand out in new light are these: First, that the disease being due to the presence in the gut of a comparatively few ingested microbes, though giving evidence of its work by the prodromic diarrhea, does not reach its acme until the germs have made enormous increase through proliferation; and second, that opium aborts the disease in its prodromic and sometimes later stages, not only indirectly by inhibiting peristalsis and checking secretion, but directly through its power to kill the microbes with certainty under all conditions.

In conclusion we quote in full Dr. Baker's graphic summary of facts deducible from the present status of the cholera question, in which, in brackets, may be found some conclusions arrived at by Dr. Van Ermenegen, which may serve to help the reader over a weak point in the philosophy of Dr. Baker:\*

1. That cholera occurs mainly in great epidemics, starting in India and moving in a western direction, reaching America usually about one year after its appearance in Europe.
2. That the fourth great epidemic has reached Europe.
3. That the identity of the comma-bacillus as the causative agent of cholera is not as yet accepted by all scientific investigators.

[(a) The discovery of the comma-bacillus is of the greatest importance for diagnosing choleraform attacks of doubtful nature which are produced at the commencement of epidemics, and for the institution of prophylactic measures.

(b) The application of bacterioscopic processes for the diagnosis of true cholera does not present any serious practical difficulties, and it would be very desirable in view of the serious threats of invasion by cholera, that a sufficient number of medical men appointed to the sanitary service should be initiated therein with as brief delay as possible.

(c) The knowledge of the biological properties of the choleraic microbe, of its feeble resistance to

The conclusions of Dr. Baker were published in our issue of June 13th. They are reproduced here advisedly, as the reader will see.



desiccation, and of the absence of a stage of spore formation, affords valuable facts for prophylaxis. It places a limit on the excessive use of disinfection, and puts us in possession of the simplest and sure means of combating its effects.]

4. That the manner of transportation and diffusion is generally by means of rags and polluted clothing, the latter being worn usually by emigrants.

5. That the incubation period is very short, the onset of the disease very sudden, and the prostration following quite rapid.

6. That filth in all its forms is a necessary concomitant to the disease. Filth may exist without cholera, but cholera seldom prevails without filth.

7. That the disease can be arrested and completely stamped out by efficient and vigorous sanitation, as has been demonstrated beyond all question.

8. That in addition to the extreme importance of efficient sanitation is the absolute necessity of the prompt attention to immediate treatment by the method of house-to-house visitation within the cholera limits, and if need be, the instant removal of patients to hospital accommodations.

## Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Dr. Huchard, whom I have already had occasion to refer to as a promising therapist of some note, has, after having tried the effects of antipyrine (see my letter of the 24th April) as an antithermic, been trying some experiments with a new substance reputed to have analogous properties. The name of this new substance is thalline or tetrahydroparamethyloxyquinoline (which unpronounceable word I must leave to your readers to articulate) which is a derivative of quinoline, this latter having been discovered in 1884 and experimented with by Dr. von Jacks. The salts of thalline have a most disagreeable flavor, and should therefore be administered largely diluted. In giving an account of his experiments, at a recent meeting of the Société de Thérapeutique, Dr. Huchard observed that thalline produced more copious perspirations than antipyrine; but the patients presented no phenomena of adynamia, collapse, cyanosis, or albuminuria, and there was no eruption present as is the case with kairine. In doses of from twenty to fifty centigrams the tartrate of thalline produces a very marked lowering of the temperature of the

body; it is therefore considered distinctly an antithermic, but much less powerful and less certain than antipyrine, and the antithermic action of thalline continues, more or less marked, for several days. Other speakers corroborated the results obtained by Dr. Huchard, but Dr. Hallopeau, another hospital physician who tried thalline in some cases of typhoid fever, could not say much in its favor, as it did not in any way modify the evolution of this affection. He therefore considered it advisable, in many cases, to return to the old antipyretic remedies, the therapeutic action of which is well known and long established.

According to Professor Germain Séé and other therapeutists of note, no drug has as yet equaled quinine as an antipyretic, if one may use the term in its widest sense; that is to say, quinine is not only an antithermic but it has a certain influence, more or less marked, on the evolution of fever, whatever be its type or character, a great deal depending on the dose and on the opportuneness of its administration. For instance, as the action of quinine commences to manifest itself four or five hours after its ingestion but it is only completed in eight or nine hours, and maintains its maximum effect for about fifteen hours after its administration, Liebermeister recommended that, in typhoid fever, the quinine should always be administered in doses of from one to two grams, at five in the evening, and in one single dose to act on the usual morning remission. This precept is considered by Professor Séé to be too exclusive, and his plan is to administer a one-gram dose at six in the morning to act on the temperature of the evening, and another gram at five or six in the evening to lower the temperature of the following morning.

In connection with this subject, Professor Potain, at a recent clinical lecture at the Necker Hospital, made the following trite remarks: It frequently happens that the sulphate of quinine does not act, even when the manifestations of a malady depend upon paludism, because it is not administered at the proper time, in illustration of which he cited the case of a patient in the hospital affected with facial neuralgia of paludic origin who was treated with quinine, but until then without success. The alkaloid should be administered in such a manner that its maximum absorption will have taken place at a moment when an access of fever or other complaint begins, bearing in mind that a period of about eight

hours is necessary for this absorption. If the dose is strong it is preferable to divide it into two parts, one half to be given eight hours before the access, and the other four hours after the first half. This method was adopted with the patient above referred to. In this case, as the access of his neuralgia occurred at four in the morning, he took fifty centigrams of quinine at eight in the evening and as much at midnight. With this treatment he soon got well, though his case was considered an inveterate one; but in order to maintain the cure he was submitted to a hydrotherapeutic treatment, which Professor Potain stated renders the greatest service in these cases provided it be carried out with caution.

A very striking example of the possibility of the transmissibility of tuberculosis from man to animals lately occurred at a farm at Charenton, which is situated just outside Paris. One of the farm servants who had charge of the poultry-yard was phthisical, and in coughing used to expectorate a quantity of sputa, which the fowls were observed to swallow. In a few weeks, the owner of the farm having remarked that the fowls died in rapid succession, took one of the latter to the Veterinary School at Alfort to ascertain the cause of this extraordinary mortality among his poultry. M. Nocard, one of the professors of the Veterinary School, examined the fowl and found that the lungs and liver were infested with tubercles about the size of a pea, and of a yellowish gray color. Numbers of bacilli were also found in the microscopic preparations. The fowls were killed and the poultry-yard disinfected, which a less scrupulous farmer would not have done.

On another occasion M. Nocard examined the milk of eleven cows which were supposed to be tuberculous, but he could not discover any of Koch's bacilli.

At a recent meeting of the Société de Biologie MM. Cornil and Mégnin stated that tuberculosis is very common among fowls, turkeys, pheasants, partridges, and pigeons. Tubercles were found more particularly in the liver, spleen, and peritoneum. On this account they recommended that a more rigorous system of inspection should be organized for markets, farms, and poultry-yards.

The International Sanitary Congress was opened at Rome on the 20th May, but has not, I am afraid, thrown much light on the subject of cholera; whether as to its nature or to its prophylaxy. I may however ob-

serve that Dr. Rochard, one of the representatives of France, declared that land quarantines were useless, with which assertion the other members agreed with the exception of the Turkish delegate, who expressed his dissent. The English and American delegates were of opinion that sea quarantines should be entirely abolished, as being unnecessarily vexatious, although they approved of a rigorous inspection of ships conveying large numbers of passengers. But what startled the members most was the affirmation by an English delegate (whose name was not given in the report) that the so-called Asiatic cholera was never imported from India, and he would defy any one to cite a single ship that had conveyed the disease into Europe.

PARIS, JUNE 5, 1885.

## Translations.

NEW RESEARCHES ON THE COMMA-BACILLUS BY KLEIN.\*—Klein persists in seeing in the bacillus of Koch only a microbe analogous to those found in petrifying liquids. He refuses absolutely to admit the rôle which others attribute to them in the production of cholera. According to Klein the comma-bacillus exists normally in the intestine, but only develops abundantly with certain alterations of the mucous membrane.

It is impossible to isolate and cultivate the comma-bacillus of the normal intestine, because they are mixed with other microbes of different species, which prevent their development.

In the same way, in certain cases of cholera where the comma-bacillus is mixed with microbes of different species, the cultivation becomes very difficult, or impossible. If one add one drop of a pure culture of the microbe of cholera to two hundred meters of normal fecal matter diluted in water, and containing the ordinary bacteria in great numbers, a liquid is obtained in which it is impossible to obtain the microbes of cholera by cultivation, although they exist there without doubt.

Klein concludes from this experiment that the comma-bacillus may easily exist in the normal intestine without it being possible to isolate it from the other organisms with which it finds itself mixed.

\*Translated from *La Semaine Médicale* of May 13, 1885, by R. Maupin Ferguson, M. D.

Another experiment which confirms the preceding has just been made by Klein and Horsley, and, although the complete results have not yet been published, I mention them now to return to it later.

After having made a small incision in the abdominal wall of a monkey, a knuckle of the ileum was withdrawn and the intestine ligatured immediately above the ileo-cecal valve; a second ligature is then placed five or ten centimeters higher, taking great care of the mesentery. By means of a hypodermic syringe a small quantity of the intestinal contents from between the two ligatures is withdrawn; in this liquid no comma-bacilli are found. Now, inject a syringe of a concentrated solution of sulphate of magnesia, then close the abdominal wound and apply an antiseptic dressing.

At the end of forty-eight hours kill the animal and examine the contents of the knuckle of intestine included between the ligatures, which consists of a brownish liquid holding flocculi of mucus in suspension and shreds of epithelium.

Three times out of six, Klein found comma-bacilli in this fluid, identical in appearance with those of cholera. So the intestine in these cases presents lesions which resemble those of cholera. M. Klein concludes that comma-bacillus exists normally in the intestine, but in too small quantities to permit of their discovery; by the procedure of double ligature a pathological state favorable to the development of the comma-bacillus is produced, so that at the expiration of a few hours it becomes easy to demonstrate them.

Hence, the comma bacillus is the result, and not the cause, of certain alterations of the intestinal mucous membrane.

### Selections.

**INOCULATION FOR CHOLERA.**—The following is an abstract of a report made by a committee of the Madrid Academy of Medicine, consisting of Señor Carreras and four others, to the Academia de Medicina y Cirugía, of Barcelona, on this subject.

The report commences with a brief account of Dr. Ferrán's original memoir, in which he states his agreement with Koch's conclusions, and his belief in identity of the micro-organism with which he worked and Koch's comma-bacillus. The investigation was conducted with the aid of Dr. Ferrán in the performance of the experi-

ments, or of many of them, and with his full recognition.

The work of the committee was arranged under the following heads:

1. The investigation of the *morphology* of the micro-organism, the manner of its cultivation, and the changes effected in it by various reagents.

2. The *pathogenic action* of the cultivated organism, especially before attenuation.

3. The *preventive action* of the cultivated organism when ejected after attenuation, both in quantity and quality.

1. *Morphology.*—A full account is given of the precautions taken to secure purity of the apparatus, of the air of the laboratory, etc., and then the mode of preparation of the tubes of sterilized gelatine, and of the flasks of sterilized broth ready for the cultivation of the microbes is described. These media were inoculated with (1) the microbe of Van Ermengen, procured from Brussels; (2) the microbe of Ferrán; and (3) the microbe of Finckler and Prior, as obtained from cases of sporadic (non-Asiatic) cholera. The results, summarized, are to the following effect: (1) The micro-organism of Finckler and Prior found in sporadic cholera is distinct from the comma-bacillus of Koch. (2) The organisms described by Koch, by Van Ermengen, and by Ferrán, are the same, and are found in Asiatic cholera. (3) The comma-bacillus (of Koch) represents only one stage of this organism. 4. It has been shown by Ferrán, and confirmed by the committee, that this organism passes through the following stages: *a*, a spiral filament; *b*, production of spores in fms; *c*, separation of the spores; *d*, growth of the free spores; *e*, change of the spores into a mulberry-shaped mass (*cuero muriforme*); *f*, which becomes diffuent protoplasm; *g*, from which, by condensation, a very fine filament is again formed. (5) Bodies, other than this micro-organism in its various stages, are also found in the cultivation-fluids. It having been stated by Ferrán that alkaloids which had a toxic action upon animal life generally had no such action upon the microbe, the effect of the addition to the cultivation of several of these deine, camphor, digitaline, ergotine, eserine was tried, such as aconitine, morphine, cocaine, strychnine, and several others. The result was to confirm the statement as to their inaction, save in the case of eserine, which appeared to favor the development of the spores. The committee, however, do not enter into any explanation, or spec-

ulate further upon this exception. Following the example of Ferrán, in his memoir, the committee do not discuss the question of the classification of the microbe.

2. *Pathogenic Action*.—A. *Experiments on Animals*. These were exclusively performed upon guinea-pigs, by means of hypodermic injection. Van Ermengen's and Ferrán's cultivations were used indifferently, the results being the same in each case. As a preliminary precaution, some of the cultivation fluid was sterilized by heat, filtered, and injected into a guinea-pig. There was no injury to health, nor were any new organisms found in the blood. The same and similar cultivations, unsterilized, were then injected in various doses (from one to eight cubic centimeters). The severity of the symptoms produced varied directly with the dose. These symptoms were, briefly, at first, discomfort and restlessness, with refusal of food; then rapidly increasing prostration, followed by seemingly painful convulsions, spasms similar to the actions of vomiting, marked cyanosis, terminating generally in death within a period of from six to thirty-six hours, the time varying with the dose. On post-mortem examination, the principal changes were found in the blood, and in the lymph exuding from the neighborhood of the hypodermic injection. The corpuscles were disgenerated or reduced in size, and numerous micrococci, spirilla, and commas were present. In no case was any indication present of septicemia or pyemia, nor of the presence of the *coccidia oviiformis*. Injection of a very small quantity of the cultivation-fluid into the duodenum, as has been performed by Nicati and Rietsch, of Marseilles, and also by Van Ermengen, was tried with negative results; but in these experiments the animals had not been starved. B. *Experiments on Man*. The same cultivation-fluids were similarly injected hypodermically into eleven human beings (one of the first being a member of the Investigating Committee), for the purpose of studying the pathological results. These are described at length, but the chief points are these: Within a few hours the site of injection (the back of the arm), became hot and swollen to a limited extent; this was followed by malaise, muscular fatigue, and a sense of exhaustion, nausea, and slight shiverings, followed by febrile action, and a temperature ranging from 100° F. to 101.5° F. The blood, examined during the febrile stage, showed changes similar to those observed in the

guinea-pig, but less marked. In all the cases vomiting and looseness of the bowels were produced, but the vomit and dejecta were not preserved for examination. The dose employed for human beings was half a cubic centimeter, as compared with six cubic centimeters in the case of guinea pigs.

3. *Preventive Action*. The general results obtained by Ferrán are stated by the committee to be absolutely confirmed by them. With regard to the guinea-pigs, it was found that if those which survived a first injection were afterward reinoculated, even with doses invariably fatal if employed on the first occasion, *without exception*, no ill results followed beyond a very slight constitutional disturbance. Further, those persons who, having been once inoculated, submitted themselves to reinoculation, experienced only a slight local irritation upon the second occasion. There appears to have been four of these cases, the clinical details of which, together with those of the seven others who were inoculated once only, are given in an appendix to the report.

Lastly, it is mentioned that Dr. Ferrán himself, having suffered one morning with a looseness of the bowels, causing two unusual evacuations, found in the second true specimens of the comma-bacillus, which he used for a series of cultivations.

The report ends by saying that, in the opinion of the committee, the identity of the micro-organism of Ferrán with the comma-bacillus of Koch has been established, and that its pathogenic effects have been proved to be prevented by inoculation. Therefore, a means of averting cholera has been discovered.

The original report was illustrated by photographs, which are not reproduced in the printed copy.—*British Medical Journal*, May 30, 1885.

PHOSPHORUS NECROSIS OF THE JAWS.—Dr. J. Ewing Mears, of Philadelphia, in a paper on this subject, read at the last meeting of the American Surgical Association (Medical Record), concludes as follows:

1. That phosphorus necrosis of the jaws is a local expression of the constitutional condition produced by the inhalation of the vapor of phosphorus and by particles of the agent taken into the system with the food by operatives in match factories, who do not give proper attention to cleanliness of the hands.



2. That the introduction of the agent into the system is, as a rule, very gradual, and in such small quantities as to avoid the production of symptoms of acute poisoning. That in this way the chronic toxic condition of the system is induced, characterized chiefly by disintegration of the red blood-corpuscles and fatty degeneration of the arterial coats.

3. That the toxic condition precedes the development is shown by the fact that the disease does not attack operatives recently exposed to the action of the agent, but those who have been exposed for a period of years.

4. That examinations of teeth of operatives have shown that many who have a condition of caries, and that many who have returned to work immediately after the extraction of teeth, have enjoyed immunity from the disease, showing that the agent has not attacked the periosteal tissue thus exposed. (In one case the disease did not appear until three months after labor in the factory had ceased).

5. That individuals vary in their susceptibility to the action of the poison; for this reason many suffer immediately with symptoms of acute toxic conditions, such as nausea, vomiting, etc., and are compelled to abandon work in the factories.

6. That the conditions under which experiments have been made on animals to prove the absence of the disease until exposure of the periosteum and peri alveolar tissue was affected, were not similar to those to which operatives in match factories are subjected.

7. That treatment of the disease in the primary stage, in the manner outlined, is efficient and prevents its progress.

8. That the antidotal powers of turpentine have been established, both in neutralizing the effects of the poison upon operatives during their work, and also in the treatment of the early stage of the disease.

9. That the disease is to be prevented among operatives by the adoption of thorough methods of ventilation, stringent rules with regard to cleanliness, and the free disengagement of the vapor of turpentine in all the apartments of factories in which theumes of phosphorus escape.

CASE OF CYSTIC DEGENERATION OF THE CERVIX UTERI.—Dr. Henry Gervis reported, at the London Obstetrical Society, the following case, which was recently under notice at St. Thomas'; it presented a uterine

condition of sufficient variety to make it, in the author's opinion, deserving of a short record:

N. J., aged forty-five, was admitted to Adelaide Ward, July 4, 1883. She had had nine children, the youngest aged five years. The catamenia had ceased between three and four years ago. In the spring of this year she had noticed that the abdomen began to enlarge, and lately she had some occasional dyspnea. She consulted a medical man, who, under the impression there was some abdominal tumor, advised her entering the hospital. Examination of the abdomen, however, led to the conclusion that the enlargement was due to fat, chiefly in the abdominal wall, possibly to some extent in the omentum. On examining the uterus in the course of the investigation, the cervix gave the finger the impression of being studded with numerous distended follicles, and, on using the speculum, the entire vaginal aspect of the cervix was seen occupied with close-set, tense, glistening vesicles, varying in size from a millet to a hemp seed. There was no accompanying congestion, no endocervicitis, no leucorrhoea, no tenderness. The woman had in fact no uterine symptoms whatever, and the examination was made in the first place simply with reference to the abdominal enlargement. On puncturing these little retention-cysts, as one believed them to be, to our surprise nothing but air escaped from any of them; they simply collapsed with an audible noise. I did not on this occasion open them all, but left some purposely for further observation. In the course of a week I again examined the cervix with the speculum. The vesicles which had been punctured were not discoverable, but those left unpunctured continued unchanged. These were now similarly treated, and with corresponding results. On a third examination at the end of another week the cervix looked perfectly healthy, showing only some slight cicatricial traces of the punctures. The uterus itself, I should add, was otherwise normal in bulk, position and mobility. As regards the pathology of the case, I can only speak suggestively. The cysts appeared too distinct and firm to represent as I venture to think, any form of submucous emphysema, even if such a condition were possible. I can only suppose them to represent follicles which had become distended in the usual way and from which the fluid contents had somehow been absorbed. But why, after such absorption, the

vesicles had not collapsed but continued firm and tense is difficult to understand. The case in my experience is unique, and therefore of interest, although its importance is probably slight.

In the following discussion Dr. Herman said that in the reported case the condition of the cervix uteri appeared to be analogous to that of the vagina in the disease described by Winckel under the name of "colpo-hyperplasia cystica." Cases of that disease had been described in which the emphysematous bladders were present on the cervix as well as on the vagina. He believed that Dr. Gervis' case was unique in that these bladders were present in the cervix only and not on the vagina. He also believed it was the first case of the kind described in England.—*Weekly Medical Review*.

**CONSTIPATION AND ITS EFFECTS.**—We are frequently reminded, in the history of a very common ailment, how the beginnings of mischief in the body, which as yet mean no more than disease or disorder in its literal sense, may, if neglected, go on to very serious terminations. The causes of constipation are various, and often trifling. Indigestion, whether from torpid function of the mucous membrane, or from too great solidity or bulk of food, must overload the bowel if neglected. Acting with it, to the same purpose, is the want of due muscular exercise. At a later stage of the process, we find the long abused bowel lose its tone and flag in aiding the transit of its contents. In the aged, the same result follows from paralytic inertia. Another retarding element is frequently met with in women during pregnancy, in the enlargement of the uterus. Pressure on the gut by abdominal tumors should not be forgotten in assigning an origin to fecal retention. Here, however, we encroach upon the graver state of mechanical obstruction, a state practically distinct from that of simple constipation, and, therefore, outside of the scope of these remarks.

Depending on many causes, constipation is apt to show a like uncertain and insidious character in its onset, development, and end. One is often self-deceived in it, and not uncommonly the bowel is believed to act regularly, when its presumed regularity has reference only to time, if indeed to that, while the amount of excretion is always too meager to give adequate relief to organs which may be amply supplied with daily food. Every practitioner has

been astonished to note to what an extent the accumulation is sometimes allowed to proceed. The sacculated structure of the greater bowel favors the lodgment of excreta, its power of distension allows the stowage and gradual absorption of the gases contained in it; and thus there may, for a long time, be no great discomfort and no absolute blockage to call for immediate measures of relief. The cecum and left colon are particularly apt to be the seats of fecal impaction, when this event occurs. We must thus explain many cases of typhlitis with iliac abscess; and these are but extreme examples of the irritative inflammation in the gut and its surroundings, which is frequently the first grave symptom in a history of costiveness. Some forms of general chronic peritonitis, such as one occasionally finds to be associated with no very clear details of past abdominal disease, may also have arisen in this way.

Another and somewhat different kind of diseased action may follow fecal irritation. It is seen in the convulsive seizures of children from retention of scybala, and in the anemic neuroses of girls and women, whose languid and sedentary habits induce a similar condition. How much to assign to cause or effect in the case of the latter may be open to question, but the benefit which is gained by the action of purgatives in arresting the general nervous irritability is not without its meaning. It illustrates the arrest of weak and fruitless reflex action by the removal of a peripheral source of annoyance. Nature herself, by setting up an irritative and slight diarrhea, exemplifies a method by which the harassed nervous centers often find relief. This reflex secretion, gentle, gradual, and usually insufficient, has puzzled many in making a first diagnosis between the two opposite states of excretion, which are for the time being acting together in a disguised relationship. It affords also a valuable suggestion as to treatment in difficult cases. In any ordinary case of constipation without urgent symptoms, the physician naturally has recourse to aperients. He may choose a drastic purge or the gentle enema. He follows an old and trite rule in so doing, one of common experience rather than of the medical art. When, however, he has to deal with a resultant inflammation as well as a probable mass of excreta, his views are apt to change. He betakes himself to opiates, considering, not without reason, that the effect has outgrown its origin, and alone

requires attention. There are extreme cases where such treatment is sound; but we have known others in which it has been prematurely adopted, to the total exclusion of that other principle of gradual relaxation and detachment, which we have shown to be one of the expedients of nature. On the other hand, the progress of recovery even from states of acute local and general disturbance, has often been observed to tally with the use of the blander aperient remedies, such as salines or enemata in combination with sedatives, preferably those, like belladonna or hyoscyamus, which are at the same time aids to intestinal excretion. Iliac abscess would probably be less common if such means of cure were now and then allowed to encroach upon the purely narcotic treatment. To avert the worse consequences of constipation, therefore, it is commonly necessary to pursue, though with adequate modification, a line of treatment not dissimilar to that which acts, along with consideration for the cause, in correcting the costive tendency itself.—*British Medical Journal*.

**CONGENITAL DERMOID TUMOR OF THE TESTICLE.**—On March 3d, Messrs. Cornil and Berger read before the Académie de Médecine, Paris, a paper on a case of scrotal inclusion. Verneuil has shown that dermoid tumors of the scrotum and testicle are teratological products, and only accidentally connected with the male sexual gland. Yet, in previous cases, the testis had never been saved when removal of the tumor was attempted. M. Berger was consulted, in July, 1884, by a boy, aged 11, who was suffering from a large tumor on the right side of the scrotum, to which it was not adherent. It was oval, fluctuating, opaque, and perfectly indolent. The testicle could not be distinguished on palpation. The tumor had been first noticed when the child was suckling; it had grown slowly, and had once been punctured, without result. M. Berger made a fresh exploratory puncture, and a little sebaceous matter, mixed with fine hairs, was removed. At the operation, the tumor was found to be situated in the tunica vaginalis. The testicle formed its upper part, and was quite separate from the cyst-wall, which was connected with the mediastinum by a vascular pedicle. The wall of the cyst was detached from the tunica albuginea, the pedicle divided, and its vessels ligatured, and the scrotal wounds closed. Six months after the operation the right

testicle appeared normal, and was perfectly movable under the scrotum. The cyst contained a quantity of sebaceous matter and hairs, also a pedunculated growth about an inch long, covered with true skin, which bore papillæ, hairs, sebaceous glands, and a few sudoriparous glands. The interior of the growth contained connective tissue, fat, nerve-cells, and ganglia, and a cyst bearing stratified columnar epithelium, resembling the intestinal mucous membrane.—*British Medical Journal*.

**CIMICIFUGA RACEMOSA.**—Dr. J. S. Knox, in the *Chicago Medical Journal*, gives an interesting study of the influence of *cimicifuga racemosa* (black cohosh) on parturition. After a study of one hundred and fifty cases he comes to the following conclusions:

1. *Cimicifuga* has a positive sedative effect upon the parturient woman, quieting reflex irritability. Nausea, pruritus, and insomnia, so common in the last six weeks of pregnancy, are always bettered, and often disappear, under its administration.

2. *Cimicifuga* has a positive anti-spasmodic effect upon the parturient woman. The neuralgic cramps and irregular pains of the first stage of labor are ameliorated, and often altogether abolished. In fact, during the first indiscriminate use of the drug in all cases, I had the mortification, with a few women, of terminating the labor so precipitately, and without prodromic symptoms, as to be unable to reach the bedside before the birth.

3. *Cimicifuga* relaxes uterine muscular fiber and the soft parts of the parturient canal by controlling muscular irritability, thus facilitating labor and diminishing risks of laceration.

4. *Cimicifuga* increases the energy and rhythm of the pains in the second stage of labor.

5. It is my belief that *cimicifuga*, like ergot, maintains a better contraction of the uterus after delivery. It is my habit, however, to administer 15 to 30 minims of fld. ext. ergot after the birth of the fetal head, and I have had but few opportunities of testing this effect of the cohosh.

**ABSCESS OF THE LIVER.**—Dr. J. Randolph, in the *Southern Clinic*, recommends the following lines of procedure in the treatment of hepatic abscess:

1. If called to the case early—that is to say, when suppuration is threatened, but

before the pus has actually formed—try to arrest the onward progress of the disease by leeching, cupping, and the application of a freezing mixture of ice and salt over the most pronounced seat of pain. Not only is the freezing process to be continued until the adjacent parts are frozen quite hard, but until actual blistering of the skin subsequently takes place; as then, and then only, is the cold communicated to the deep tissues of the liver sufficiently intense to abort, in the majority of instances, the suppurating process.

2. In this, the incipient stage of the disease, avoid the application of hot fomentations and poultices, as they only favor, instead of retarding the formation of pus.

3. Administer a brisk mercurial purgative; enjoin strict rest of body and mind; put the patient on low diet, and keep the room well ventilated, and of a temperature of not more than 66° F.

4. Prescribe germicides in the form of salicylic, carbolic or mineral acids, and quinine, and carefully eschew the administration of alkalies in any form, whatever, as they favor instead of preventing germ development, as well as suppuration.

5. If the case be not seen until matter has actually formed, the chances of cure are but small, for we, as yet, know no therapeutic agent which has the power of inducing pus absorption. All we can do is to try the effects of the application of iodine liniment, mustard poultices, or blistering, in the, I fear, futile hope of not only arresting the further progress of suppuration, but of favoring the re-absorption of the already effused pus.

6. Artificial evacuation is, I believe, the only way of getting pus out of a human liver.

**SUMMER COMPLAINTS OF CHILDREN.**—A writer in the Southern Clinic says the following is the best treatment ever instituted in cases of summer complaints of children:

1. Hot or warm bath, grain doses of calomel and saccharated pepsin or lactopeptine on crushed ice every fifteen or twenty minutes.

2. After the stomach and bowels have been thoroughly emptied, if the little patient is threatened with a collapse, stimulate and control the bowels and stomach with opium. When the first onslaught is over, a great many children will have diarrhea for days and weeks, and the too common error has been among book-wise practitioners,

that this condition is chronic cholera infantum, and they continue to treat this trouble with calomel! calomel!! calomel!!! vainly waiting to see the stools change color, and hoping that when the portal congestion is relieved the diarrhea will cease. Sometimes this plan succeeds, but in far too many cases a large percentage of cases die from continued dosing with calomel and chalk, when a prompt astringent would end the whole trouble, give the bowels rest, and, under appropriate diet, the child would go on to a fair recovery. There is no more reason why a child should be allowed to have diarrhea for weeks than an adult. There is no danger in checking up the bowels, and it should be done.

**THE PREVENTION OF YELLOW FEVER.**—Dr. Domingos Freire, in a recent communication to the Rio News, gives an account of the inoculations practiced in Rio de Janeiro with the attenuated liquid culture as a prevention against the dangers of contracting yellow fever. From December 22d last up to March 22d of the present year, 1109 persons of different nationalities, and whose ages ranged from one month to sixty years, were submitted to subcutaneous injections in the deltoid region of the arm with the said liquid. All, with the exception of one or two cases, experienced elevations of temperature varying from 37.5° to 40° C., frontal headache, pains in the articulations, general indisposition, and in some light epigastric oppression—symptoms which ceased after from twenty to forty hours, and without any medical intervention. In many cases these injections were practiced in houses where a few hours before deaths had taken place from yellow fever; nevertheless, in the cases specified, and under disadvantageous hygienic circumstances, not one single serious accident is said to have happened. Most of the inoculations were performed in the presence of the two medical men commissioned by the Spanish Government to specially study yellow fever in Brazil.—*Med. and Surg. Rep.*

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended June 13, 1885.

*Captain J. Y. Porter*, Assistant Surgeon, having been found incapacitated for active service by an army retiring board, ordered to proceed to his home and report by letter to the Adjutant-General of the Army. (S.O. 136 A. G. O., June 15, 1885.)



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